



The MHLA Behavioral Health Expansion Program Training Attestation

I, _____ as an employee of _____
 (Print your name here) (Print your agency name here)

attest that I completed the following DMH-approved curriculum entitled _____
 in its entirety on _____.
 (Date of attendance)

Complete this section only if you are being designated by the agency to be a Train-the-Trainer

I, _____ additionally attest, I have also been authorized to provide training on
 (Print your name here)
 the DMH-approved curriculum entitled, _____
 exclusively to other staff at my agency without altering, or modifying any of the curriculum's
 content.

I further understand that my train-the-trainer status for the above named curriculum shall remain
 valid until such time I am no longer employed at this agency, and/or if my agency's agreement with
 the Department of Health Services to provide Mental Health Prevention Services terminates.

ALL STAFF MUST COMPLETE THE FOLLOWING INFORMATION:

 Signature of Applicant

 Date

 Print Name

 Job Title

 Employee's Work Address (City, State, Zip Code)

 Employee's Work Telephone Number

 Employee's Work e-mail